

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

400947893

Date Received:

12/04/2015

Spill report taken by:

NEIDEL, KRIS

Spill/Release Point ID:

444247

SPILL/RELEASE REPORT (INITIAL)

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

OPERATOR INFORMATION

Name of Operator: <u>EE3 LLC</u>	Operator No: <u>10450</u>	Phone Numbers
Address: <u>4410 ARAPAHOE AVENUE #100</u>		Phone: <u>(303) 444-8881</u>
City: <u>BOULDER</u>	State: <u>CO</u>	Zip: <u>80303</u>
Contact Person: <u>Ruth Hartshorn</u>		Mobile: <u>()</u>
		Email: <u>rhartshorn@ee3llc.com</u>

INITIAL SPILL/RELEASE REPORT

Initial Spill/Release Report Doc# 400947893

Initial Report Date: 12/04/2015 Date of Discovery: 03/15/2015 Spill Type: Historical Release

Spill/Release Point Location:

Location of Spill/Release: QTRQTR NENE SEC 32 TWP 8N RNG 80W MERIDIAN 6Latitude: 40.628007 Longitude: -106.397418Municipality (if within municipal boundaries): _____ County: JACKSON

Reference Location:

Facility Type: WELL PAD ☒ Facility/Location ID No 436007☐ No Existing Facility or Location ID No.☐ Well API No. (Only if the reference facility is well) 05- -

Fluid(s) Spilled/Released (please answer Yes/No):

Was one (1) barrel or more spilled outside of berms or secondary containment? No

*Secondary containment, **including walls & floor regardless of construction material**, must be sufficiently impervious to contain any discharge from primary containment until cleanup occurs.*

Were Five (5) barrels or more spilled? No

Estimated Total Spill Volume: use same ranges as others for values

Estimated Oil Spill Volume(bbl): 0Estimated Condensate Spill Volume(bbl): 0Estimated Flow Back Fluid Spill Volume(bbl): 0Estimated Produced Water Spill Volume(bbl): 0Estimated Other E&P Waste Spill Volume(bbl): 0Estimated Drilling Fluid Spill Volume(bbl): 0Specify: 296 Cubic Yards of E&P Waste

Land Use:

Current Land Use: NON-CROP LAND Other(Specify): _____Weather Condition: GoodSurface Owner: FEE Other(Specify): _____

Check if impacted or threatened by spill/Release (please answer Yes/No to all that apply):

Waters of the State ☐ Residence/Occupied Structure ☐ Livestock ☐ Public Byway ☐ Surface Water Supply Area ☐

As defined in COGCC 100-Series Rules

Describe what is known about the spill/release event (what happened -- including how it was stopped, contained, and recovered):

A hose broke on the Grizzly #03-32H jet pump. Whilst the pump was shutting down less than one barrel of power fluid (oil) was released into the pumphouse. The pumphouse is located on a rubber mat ensuring that any fluid released was contained and did not penetrate the soil. Any free oil was picked up with a vacuum truck and transferred back through the production facilities on the location. Stained gravel and dirt from inside the pumphouse was transferred to a bermed area on location. Material from the bermed location has been tested and taken to Twin Environmental Waste Disposal Facility. Form 27 Document #400948064 has been submitted with a remediation plan.

List Agencies and Other Parties Notified:

OPERATOR COMMENTS:

I hereby certify all statements made in this form are to the best of my knowledge true, correct, and complete.

Signed: _____ Print Name: Ruth Hartshorn

Title: Business Manager Date: 12/04/2015 Email: rhartshorn@ee3llc.com

COA Type

Description

	supplemental shall request closure of spill proceeding under Form 27 remediation workplan.
	A supplemental report, populated with information on the tab, "spill/release detail".
	Lat/Long provided are for wellhead and not for spill/discharge point.

Attachment Check List

Att Doc Num

Name

400947893	FORM 19 SUBMITTED
400948140	DISPOSAL MANIFEST

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)